	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 18	1418	
	11461 CERTIFICATE OF DEATH	Reg. Dist. 1	1.00	
	PLACE OF DEATH o. COUNTY Harter 2. USUAL RESIDENCE (Where deceased lived. If o. STATE b. C	institution: Residence b. OUNTY.	efore admission	in)
- 1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 Casan VIIIE Country Pleasanton Tourille	write RURAL and give	nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ### ### ############################		e. IS RESID ON A YES []	ARM?
	NAME OF DECEASED (Type or print) DOFO BE72.50% AMOSS 4. DATE OF DEATH OCTO	Month ober 2		50°
1		n years IF UNDER I YE Months Doy		24 HRS. Min.
10o	during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 40 45 E Wife CT HOME White	12. CITIZEN	OF WHAT	OUNTRY
13.	Delchoir F Benson Rachael Jan	E Price	2 6	
	(st. no. or unknown) (If yes, give wor or doles of service) (16, SOCIAL SECURITY NO. 17. INFORMANT)	Address SS Fall	5/877	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hypostatic pneumonia		NTERVAL BET	
	Conditions, if ony, which gove rise to immediate couse (o), stating the under DUE TO			
FICATION	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(c	PERFOR	WED3
FIC	Chronic Osteoarthritis 200 ACCIDENT WAS LINDERLYING II 200 DESCRIBE HOW INJURY OCCURRED (False nature of injury in Part Lar Part II of item	181	YES [_]	NO 🔀

lying couse lo CERTIFICATION PART II. C 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) 20d. INJURY OCCURRED Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from May , 1930 , to Oct. , 1930 that I last saw the deceased alive on Oct.

and that death accurred at ### ADDRESS (Street, city or town, stote)

DATE SONED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Willard P. Hudson Forest Hill

22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

(County)

arthur S. Krous

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS DATE OCT 3 1 '60

VS A15 (4) 15M 10/57

TO FUNER

page 3 shauk the registrar p

	DE DEATH	CERTIFICATE	
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TO HOSPI'S DR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	may be recorded by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and ca	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon par the State Board of Health prior to burial, crematian, or remaval, and in gare event, within 72 hour
TO HOSPIT DE	TO FUNERAL DIR	poge 3 shauld k

VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS - B	ALTIMORE 1. MARYLA

DIVISI 11441 CERTIFICATE OF DEATH

11420 AND

DECARD COUNTY ARTOR MARTHAND 2. USUAL RESIDENCE (Where decoased lived. If initiation, Residence before admission) COUNTY ARTOR MARTHAND COUNTY MARTHAND COUNTY ARTOR MARTHAND COUNTY COUNTY COUNTY MARTHAND COUNTY C			-1-111111/				
B. CITY OR TOWN If outlide corporate limits, write RURAL and give nearest fown) RURAL and give nearest town		UNTY	MARYLAN	a. STATE	b. cou	NITY //	
A. NAME OF HOSPITAL (If not in hospitol, give threet oddress) 3. NAME OF DECAMO (If year or print) 3. NAME OF DECAMO (If year or print) 5. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 13. APPLIES 14. DATE DEATH 9. AGE (in year) IF UNDER 14 FARIF 19 Geregory 19. AGE (in year) IF UNDER 14 FARIF 19 Geregory 19. AGE (in year) IF UNDER 14 FARIF 19 Geregory 100. USUAL OCCUPATION (Give lipid of work done) 103. APPLIES 104. SAME OF DEATH 105. WAS DECEASED VER IN U. S. ARMED FORCES? 11. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNTRY? PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 191. WAS AUTDEN' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 191. WAS AUTDEN' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 191. WAS AUTDEN' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 191. WAS AUTDEN' PRODUCTION OF MEDICA RELATIONS (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 191. WAS AUTDEN' PREFORMED TO CONDITION OF MEDICA RELATIONS (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 191. WAS AUTDEN' PREFORMED TO CONTRIBUTION DISEASE CONDITION GIVEN IN PART 100 191. WAS AUTDEN' PREFORMED TO CONDITION OF THE TEXT AND THE PART 100 191. WAS AUTDEN' PREFORMED TO CONTRIBUTION DISEASE CONDITION GIVEN IN PART 100 191. WAS AUTDEN' THE TOO THE TEXT AND THE PART 100 191. WAS A		Y OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1		1-11.	ite RURAL and give ned	arest town)
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Text No. or unknown	13. FATH	ER'S NAME	0 /	14. MOTHER'S MAIDEN	NAME		// \
18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).] 18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).] 18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).] 19. PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate cause (a), stating the under lying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED while a work at work at work at work at work at work 21. I certify that (I) (this haspital attended the deceased from 19. Cause of Death 22. SIGNATURE 22. SIGNATURE 22. SIGNATURE 22. SIGNATURE 22. ADDRESS 22. ADD	(Justes E. Bask	cer	no Recor	I die alte	v His Birth	te)
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DUE TO Canditions, if any, which gave rise to immediate course (a), stating the under lying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While at work at work at work at work at work at work. 21. I certify that (I) (this haspital) attended the deceased fram. 22. I certify that (I) (this haspital) attended the deceased fram. 22. SIGNATURE ATTENDING PHYS. DIRECTOR STAFF SIGNED ATTENDING PHYS. 22d. ADDRESS	18.	CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]	39	1 .		
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20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work 20b. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 4	Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
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21. I certify that (I) (this haspital attended the deceased from 10-26, that (I) (we) last saw the deceased alive an 10-21, 1960, and that death accurred at 12 M, from the causes and an the date stated above. 22a. SIGNATURE M.D. PHYS. DIRECTOR			William o Colleges Oc.	BLACE OF INTURY (II.	lear (c)	10	
21. I certify that (I) (this haspital attended the deceased from 10-26, to 1960, that (I) (we) last saw the deceased alive an 1960, and that death accurred at 12 M, from the causes and an the date stated above. 22a. SIGNATURE M.D. PHYS. DIRECTOR DIRECTO	206.	Hour o.m. While				(County)	(Stote)
saw the deceased alive an 1960, and that death accurred at 125 M, from the causes and an the date stated above. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	W.	p. m. 19 at worl					N. 13. 1 Sandy
22a. SIGNATURE M.D. ATTENDING MED. PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIA SIGNED 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	21.	certify that (1) (this haspital) attend	led the deceased fra	m 10-26 19	260, to 10-2	7_, 1960, H	nat (I) (we) last
ATTENDING MED. STAFF DIRECTOR STAFF PHYS. 10/26/60 SIGNED PHYS. NAME (Type) F J S MOY 22d. ADDRESS	saw	the deceased alive an LOL-2/1	1960 , and the	at death accurred at 120	M, fram the cause	s and an the date	e stated above.
22c. PHYSICIAN'S NAME (Type) F J Si MOY 22d. ADDRESS	22a.	SIGNATURE	94	ATTENDING		1.1.1.	
NAME (Type) IE J' SIMOY		O'K Y		M.D. PHYS.	DIRECTOR PHYS.	10/261	60
230 BURIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY. 23d LOCATION (City town or county) (Stotal			imon	22d. ADDRESS			
	23o. BUR	IAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, to	wn, or county)	(Stote)
(Removay (Specify) 10/30/60 Union Meller dist Cine try Curan Crick Miles land			Union Me	THE OF THE	& Suran Cin	ek Miers	land
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE SOLUTION ADDRESS SOLUTION ADDRESS SOLUTION ADDRESS SOLUTION ADDRESS	24. FUNE	RAL DIRECTOR'S SIGNATURE	ADDRESS	2Sq. REC	D BY REGISTRAR 25b.	REGISTRAR'S SIGNATION	JE .
Elegen / E. L. Clarke Harris de Star, ler DATE NOW 2 '60 aring 8. Frank	1 10 1000			Tour ME			

FOR STATE HEALTH DEP TO DEP. If MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are pay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any permit within 72 hours effer death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11121

T	-		
1.		- COUNTY	SIDENCE (Where deceased lived, If institution: Residence before admission)
-		talend MARYLAND O. STATE	Ma b. COUNTY 3 1 01 - 63
A	1	b. CITY OR TOWN (if outside a reporate limits, c. LENGTH OF STAY IN 16 c. CITY OR I	OWN (If outside corporete limits, write RURAL end give neerest town)
7 à	1	write RURAL end give neerest town)	in a 2 y
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AD	DDRESS I e. IS RESIDENCE
		White food 508	S.E AS DOE ON A FARM?
		3. NAME OF DECEASED CALL OF 1/ THE MIDDLE AST	4. DATE Month Dey Yeer
		(Type or print) the Kallerine Doyce	_ DEATH OCUPER 30 1960
	S.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
		F WIDOWED DIVORCED MAR 30.	1904 Syrs. Months Deys Hours Min.
		1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE	E (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		LABAR MARIIN CO. MAR	YLAND U.S.A.
		13. FATHER'S NAME 14. MOTHER'S M	
		CFORGE C. STAHI	DRELI
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
	/Yo	(Yes, no, or unkown) (Ifyesgive wer or dates of service)	130 YOE 508 S. EAST AVE
-		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),]	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a) Covary occursion	\
		DUE TO	
		Conditions, if eny, which (b)	
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		cause lest. (c)	
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	
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	CERTIFICATION		
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hor Hour a.m. While Not While Pot While Not Whil	
	MEC	p.m. 19 et work at work	
		21. I certify that I took charge of the remains described above, held an Autopsy	Inspection Inquiry , and in my opinion
		death resulted from: Natural causes , Accident , Suicide , Hom	nicide , Undetermined manner
		CHIEF ME	EDICAL EXAMINER TO BALL . A.
7	M	ACTUAL LINE C TOMPO ASSISTAN	NT MEDICAL EXAMINER DATE SIGNED
	-	SIGNATURE M.D.	MEDICAL EXAMINER V
		NAME (Type) Gendlu (Talme) - My. Address !	(Street, city, town, or county)
3	22e	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or country) (Stele)
1		BURIAU 11/7/60 OAR VAUN	COLO-BIE MO
	23.		46. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
-	11	VILURICH FUNERAL HOME UVIOBERAIN ON	ATE NOV 3 '60 Cirthun S. Frank
	-		

ANT DESCRIPTION OF THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P Strategic Line Land Strategic

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11422

(Stote)

arthur S. Kraus

the ottending physician and campletely filled in by the funeral director, Then please remave carbon papers. Pages 1 and 2 should be filed with

10

MEDICAL CERTIFICATION

THEREOF

after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 h

114() ₍₎	IL OI DEAIII
PLACE OF DEATH O. COUNTY War Lord MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest twn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearly town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
NAME OF DECEASED (Type or print) Charles a C	handle 4. DATE OF Month 2 2 7 19 6
SEX Mal S. COFOR OR RACE 7. MARRIED IN NEVER MARRIED IN N	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
JUSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OF BOUL Puring most of working life, even if refired)	11. BIPTURE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
I'm, E. Chandle	Rachel a hauguton
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT A Mrs Charles Chandle
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Start Grilden The Serval BETWEEN ONSET AND DEATH
Conditions, if ony, which) DUE TO arleris A	cliesois 3 ym
gove rise to immediate couse (a), stating the under-lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART NO PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 of work of work 19 of work 19	LACE OF INJURY (Home, form, clothy county) (Stote) (County) (Stote) (County) (Stote)
21. I certify that (1) (this haspital) attended the deceased fram	death accurred and M, from the causes and an the date stated abave.
220. SIGNATUSE	M.D. PHYS. MED. STAFF Oct 29/60 SIGNED
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS

23d. LOCATION

'60

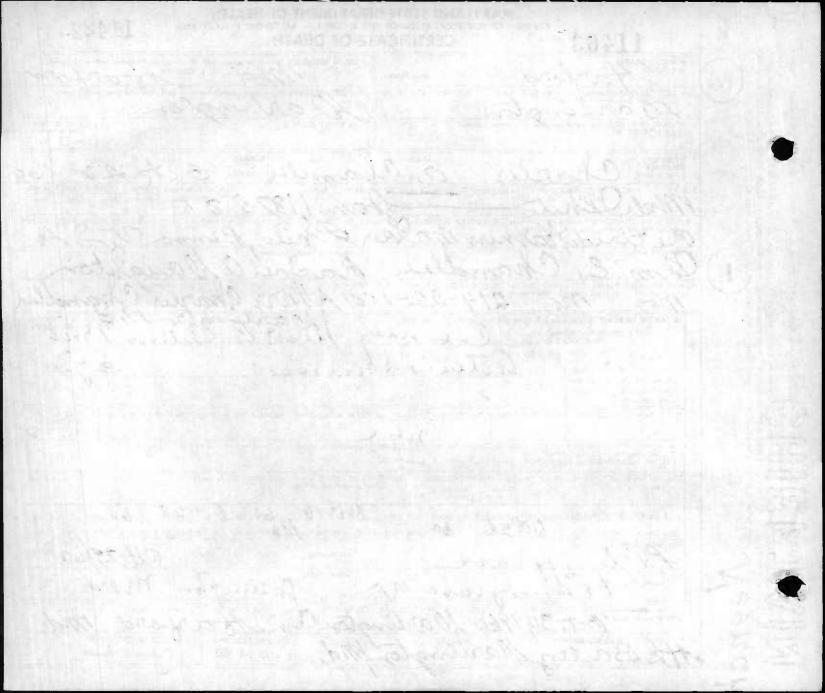
25a. REC'D BY REGISTRAR

CREMATORY

may be telegated by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled it page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 of the State Board of Health prior to burial, cremotion, or remayol, and in any event of the State Board at Health prior to burial, cremotion, or remayol, and in any event of the state death. TO HOSP!

VR A15 (4) 1SM 9/59

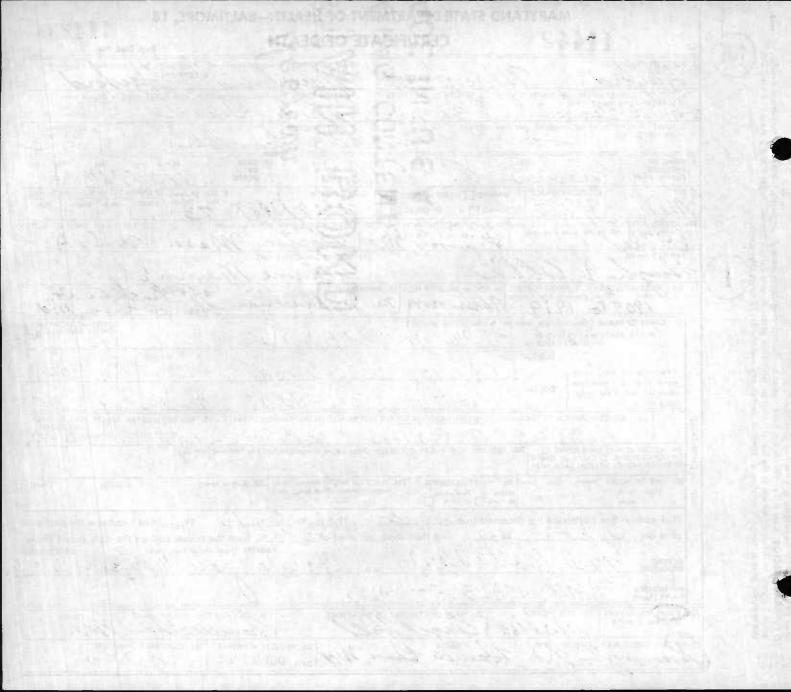


VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
11.19	CEDTIEICATE	OF DEATH	

11423

11446	CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH O. SOUNTY Afairman Ma	wy mary and Ilausla	deceased lived. If institution: Residence before admission)
b. CIFY OR TOWN (If outside corporate limits, write c. pural and give negret town)	38 cm - Town (If outsi	de corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street odds OR INSTITUTION	d. STREET ADDRESS.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Charles	6. Middle Collins Lost 4.	DATE Month Pay Year OF DEATH 10/25/60 19
Male White WIDOWED [9. AGE (In fears IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	wood Md. Boston	Mass. W.S. A.
Hugh J. Collins	14. MOTHER'S MAIDEN NAM	Malanphy
15. WAS DEPEASED EVERTN U. S. ARMED FORCES? (16. 50C (19. no. depontation)) (If yet, give wor or dates of service)	Busun Mrs. Joseph Coll	ins of grade the Mid.
1B. CAUSE OF DEATH [Enter only one couse per the for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (a), (b), and (c).] MONARY OFFICMA	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate DUE TO	PONTRY OCCLUSION	1 Hour
lying cause lost. (c) My	SCARDITIS C CARDIA	C FAILURE 14EAR
CHRONIC G	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	C VLCIERS PERFORMED? YES NO X
206. ACCIDENT WAS UNDERLYING 206. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED. (Enter noture of injury in Port	I ar Part II af item IB.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Haur a. m. 19 While at work	RY OCCURRED Not while of work 20e. PLACE OF INJURY (Home, form, formy, street, office bldg., etc.)	20f. (City or town) (County) (Stole)
21. I certify that I attended the deceased alive an 2425, 1960		A, fram the causes and an the date stated above.
ACTUAL SIGNATURE Walke		DRESS (Street, city or town, state) DATE SIGNED DATE SIGNED
PHYSICIAN'S FRANK WOL	BERT MO	0
226 BURIAL CREMATION, 22b. DATE THEREOF 22 KEMOVAL (Specify) 18/28/60	C. NAME OF CEMETERY OR CREMATORY 220	1. JORATION (City, town, or county) (State)
23. FUNDRAL DIRECTOR'S SIGNATURE ON THE	ADDRESS Law Mg. 240. REC'D BY	registrar 246. registrar's signature 3 1 '60 Chilms S. Kraue



after death: Page 4

may be refected by the hospital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO FUNERAL TO HOSPIT

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11464

CERTIFICATE OF DEATH

11424 Reg. Dist. No.

1										
D. PLACE OF DEATH	ford		MARYL		O. STATE	THE RESERVE	lived. If institution b. COUNTY		before admi	ssion)
b. CITY OR TOWN (RURAL and give n Ruyal Fo		s, write	35 YEARS	N 16	C. CITY OR TOWN (IF O		-	JRAL and gi	ve nearest tow	rn)
OR INSTITUTION	TAL (If not in hospital, g Erck Church			1	d. STREET ADDRESS DEET CHEE	ek Chui	rch Roa	d	OM	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	SARAL		Middle Alice		Crouse	4. DATE OF DEATH	Octob		Doy 18,	Year 1960
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		ATE OF BIRTH	4	. AGE (In years last birthday) 75 yrs.		YEAR IF UNI Days Hours	
during most of wor	king life, even if retired		KIND OF BUSINESS OR		North Citro	Auslo	ntry)		S. A	T COUNTRY
13. FATHER'S NAME	od Estep			1	MAtildA		lings			8.75
	R IN U. S. ARMED FOR (If yes, give war or dates of se		SOCIAL SECURITY NO.		RMANT(SON) LE Crouse	125	Addr OrEst H		Anylan	d
	mmediate (Co	RONARY		Rom Bos		lac		INTERVAL E	
ICATIC	HER SIGNIFICANT CON		CONTRIBUTING TO DEAT					EN IN PART	PERF	ORMED?
20c. TIME OF INJUS Hour a. m. p. m.	G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yec 19	r 20d, II While at wor	NJURY OCCURRED 2 Nat while k at work	Oe. PLACE factory	OF INJURY (Hame, farm, street, office bldg., etc	o. 20f. (City c	or town)		ounty)	(State)
actual signature Physician's NAME (Type)		19.6 P	ed from Dec.	death oc	, 1927, to O curred at 2:34	LM, from	the causes a set, city or town,	nd on the	ost saw the	e decease ted above ATE SIGNE
270. BURIAL, CREMATIC REMOVAL (Specify)	Oct, 21, 196	0		nethod	ist Cemetery		ON (City, town, o	- "	(Sic	
23. EUNERAL DIRECTOR	S SIGNATURE W. B	road	ADDRESS INTE	ms st	24a. REC'	D BY REGISTRA		TRAR'S SIGN		

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BASE WELL	1909 - Sept.		
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			the same of the sa
			- death

11443

CITY OR TOWN (If outside corporate limits, write

1 PLACE OF DEATH

o. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

g. STATE

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1b

11425

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

b. COUNTY

1	M	(
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with director, be filed

the funeral c NX and filled Poges death. campletely after puo pou 72 physician emave attending please the by permit. hos been signed or attending physician. burial-transit 0 cremation, After this certificate as the burial, use O detached Health or ATTEND be O FUNERAL DIR page 3 shauld b the State Board 0

that the death certificate be

VR A15 (4) 15M 9/59

RURAL and give neafest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle DATE Month Day Year DECEASED DEATH (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ast birt Manths Days Hours WIDOWED N DIVORCED [yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 005C- W/ 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED OF IN U. S. ARMED BORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If yes, give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Doy, Yeor foctory, street, office bldg., etc.) Hour o. m. While Not while at wark of work 40 1942, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19 40 and that death accurred at saw the deceased alive an M, from the causes and an the date stated above. 22a. SJGNATURE ATTENDING PHYS. SIGNED MED STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDLESS NAME (Type) BURIAL CREMATION. DATE THEREOF NAME OF DEMETERY OR CREMATORY 23d NOCATION (City, town, a) county) CEMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 20'60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1	1	4	2	6

23d. LOCATION (City, tawn, ar caunty)

256. REGISTRAR'S SIGNATURE

Com

25a. REGID BY REGISTRAR

(State)

1	11444
M	1. PLACE OF DEATH o. COUNTY Har Lord
	b. CITY OR TOWN (If autside carpo RURAL and give nearest tawn) Havre de Tre
07	d. NAME OF HOSPITAL (If not in he OR INSTITUTION

1. [LACE OF DEATH		2. USUAL RESIDENCE (When a. STATE	e deceased lived. If institution: Reb. COUNTY	esidence befare admission)
	Hartord	MARYLAND	marylar	nd Ce	cil
ŧ	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side carporate limits, write RURAL	and give nearest tawn)
	tarre de Trace	4 days	CoLORA.	many land	Rurul
	I. NAME OF HOSPITAL (If nat in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?
	tartord memorial	Hospital		0 1 1	YES NO D
3. !	NAME OF First	Middle	Last 4	. DATE Month	Day Year
	Type or print) How every	Thomas	s Davis	DEATH Octobe	n 14 1960
5. 9	EX 6. COLOR OR RACE 7. MARR	102	8. DATE OF BIRTH	9. AGE (In years IF U	NDER 1 YEAR IF UNDER 24 HRS.
)	nale white widowe	_	2-19-187	last birthday) Mai	nths Days Haurs Min.
10a	USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	fareign country)	2. CITIZEN OF WHAT COUNTRY?
	Refined R	OREPAPI	marija	01	U5a.
13.	FATHER'S NAME	0011007001	14. MOTHER'S MAIDEN NA	ME	9,0,0,
1	hanles Davis		Joann C	ulbentson	
		SOCIAL SECURITY NO. 17. II	NFORMANT	- P 275 Address	ne Road
LL	no, or file (If yes, give war or dates of service)	13-12-3852 (1	aules Dali	S. Delair	NI
1	1B. CAUSE OF DEATH [Enter only one cause per lin	o for (a) (b) and (a)]	aries worr	- 1) - 141	INTERVAL BETWEEN
13		1 1 6	10 7		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Youte Myoca	rdial elati	arction	
	DUE TO				
	Canditians, if any, which) (b)				
	gave rise to immediate (
19	cause (a), stating the under-				
-7	lying cause last. (c)				
ō	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN I	PART 1(a) 19. WAS AUTOPSY PERFORMED?
AT	Commented Frace	fum Right F	EMUR 1		YES NO
IFIC	20a. ACCIDENT WAS UNDERLYING [20b. DESC		D. (Enter nature of injury in Pa	art I ar Part II af item 18.)	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
				1	
Š		60	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
MEDICAL		Nat while			
	21. I certify that (I) (this haspital) attend	led the deceased fram.	19		19, that (I) (we) last
	saw the deceased alive an	19 and that o	death accurred at	M. fram the causes and a	n the date stated above.
	22a. SIGNATURE				22b.DATE
	Frank D. IL	. Se-	M.D. PHYS. TO DIRE	STAFF PHYS.	SIGNED
	22c. PHYSICIAN'S	2001/	22d. ADDRESS	CIOK LI TITIS. 24	7 60
	NAME (Type)	1	- 57 11	1 51 11	1 . 14 - 171 -

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

may be the week by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Health prior to buriol, crematian, or remayal, and in any event, within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

after death. Page 4

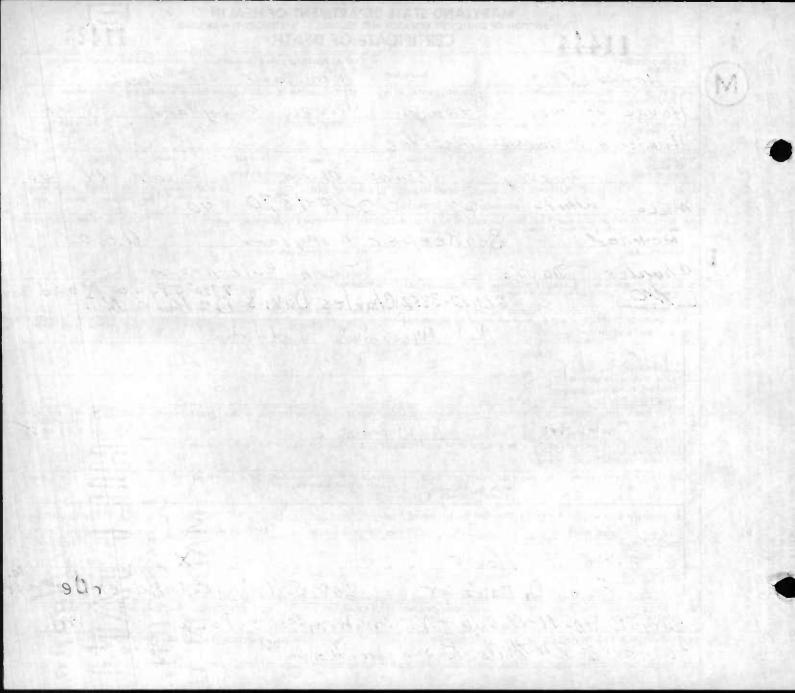
or ay the funeral director, and 2 should be filed with

TO HOSPI VR A15 (4) 1SM 9/59 ran

23a. BURIAL, CREMATION, REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

23b. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

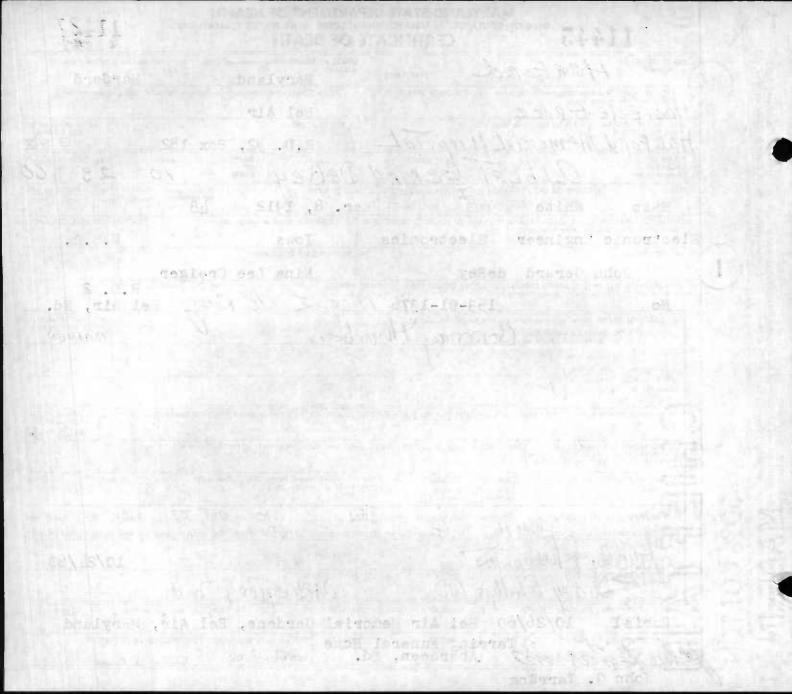
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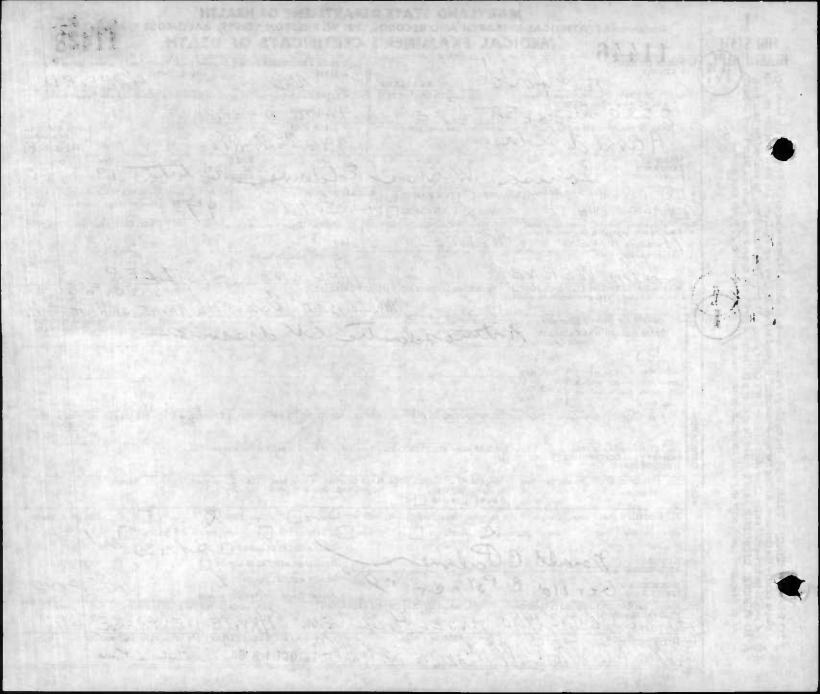
	A. A.	1 1 17	CERTI	FICATE !	JI DEA				
1	PLACE OF DEATH a. COUNTY	HarFor	21	1 0	UAL RESIDENCE STATE	(Where deceased	lived. If institution:	Residence befo	are odmission)
	/	141101	MAI MAI	RYLAND		yland	b. COUNT	Harso	rd
7	b. CITY OR TOWN (If RURAL and give neo	outside corporate limits, v	write c. LENGTH OF STA	Y IN 1b	CITY OR TOWN	(If outside corpara	te limits, write RUR	AL and give ne	arest town)
1		2-8-Race			Be]	Air			
	d. NAME OF HOSPITA	L (15 nat in hospital, give	street address)	d d	STREET ADDRES				e. IS RESIDENCE
1	Jar Ford	Memoria	al Hoopil	21	R.I		30x 182		ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	albe	RT GER	and I	DeBe	4. DATE OF DEATH	Month 10	2	3 1960
S.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MAR	RIED B. DAT	E OF BIRTH	9	. AGE (In years IF		IF UNDER 24 HRS.
	Male	White w	IDOWED DIVORG	ED Ma	. 8. 9	(912	lost birthdoy) A	Months Doys	Hours Min.
100	. USUAL OCCUPATION	N (Give kind of work don	e 10b. KIND OF BUSINESS	OR INDUSTRY 1	1. BIRTHPLACE (State or foreign cou		12. CITIZEN O	F WHAT COUNTRY?
E		Engineer	Electron	nics	Iov	va		U.S	5.A.
13.	FATHER'S NAME			14.	MOTHER'S MAID	DEN NAME			
1	Joh	n Gerard	deBey		Nin	na Lee C	reiger		
	WAS DECEASED EVER	IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY N	10. 17. INFORM		2 / Y	7 Address	R.D.	2
	No	yes, give war or agres or service	153-01-13	376 M	10.2	. de L	7011		. Md.
=	-	H Enter only ane couse	per line for (o), (b), and (:).], ()			1	INT	ERVAL BETWEEN
		H WAS CAUSED BY:	Coronau	Throm	20866		0		SET AND DEATH
	UNA		Convoice	* /0//0	ENG.	3.00		/ 10	,,,,,,,
	137	DUE TO							
	Conditions, if an	mediate							
	couse (o), stoting th								
7	lying cause lost.) (c)							
CATION	PART II. OTHE	R SIGNIFICANT CONDIT	TONS CONTRIBUTING TO E	BEATH BUT NOT R	ELATED TO THE I	IERMINAL DISEASE	CONDITION GIVEN	IN PART I(a)	PERFORMED?
CA									YES NO
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	b. DESCRIBE HOW INJURY	OCCURRED. (Ente	r noture of inju	ry in Part 1 or Port 1	Il of item 1B.)		
CAL	20c. TIME OF INJURY		20d. INJURY OCCURRED			form, 20f. (City o	or town)	(County) (Stote)
MEDI	Hour o. m.		While Not while of work at work	factory, s	reet, office bldg	., etc.)			
	<u> </u>		0	1. The		1060 . 6	OT 73	1063 11	
		71 1	attended the decease						hat (I) (we) last
	saw the decease	d alive an CYCI	16 19 60, an	d that death	accurred at:	M, fram t	he causes and	an the date	e stated abave.
	1 TO SCHALL	b Rhill:	7		ATTENDING THYS.	MED.	STAFF	20/	226. DATE SIGNED
	22c. PHYSICIAN'S	ay They	1 ///2		2d. ADDRESS	DIRECTOR	PHYS.	10/	24/00
	NAME (Type)	Judley Ph	illis UD		DARL	NOTON,	md		
23	a. BURIAL, CREMATION	, 23b. DATE THEREOF	23c. NAME OF CE	METERY OR CREA	ATORY	23d. LOCATIO	ON (City, town, or	caunty)	(Stote)
	REBUY (Specify)	-1-1-1	60 Bel Air	Memor	ial Gar	rdens, E	Bel Air.	Mary	
4	FUNERAL DIRECTOR'S	1	TarringRESFur			REC'D BY REGISTR.		RAR'S SIGNATU	
2	solve A.	Toppendi	Aberde	n. Md.	DATE	OCT 2 7 '60	100		
	MIN 190	www		THE PROPERTY OF	DAII	00	Critim	1 & Time	
	John	G. Tarring	7						

after death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP!

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF BEATH HEALTH BEP 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) ould be executed within 24 hours after death. If an ay is necessary, "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Health, moval, and it any event within 72 hours after death. MARYLAND write RURAL and give nea b. CITY OR TOWN (if outside corpora c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DATE Middle DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR 5. DATE OF BIRTH 9. IF UNDER 24 HRS. B. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Min. WIDOWED X DIVORCED yrs. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyasgive war or detas of sarvica) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which (b) please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CO FUNERAL DIRECTOR: Page 3 should be used as a b geve rise to immediate ceuse DUE TO (a), steting the underlying ō cause last. ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY CERTIFICATION PERFORMED? cremat NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: burial, CAUSE OF DEATH. CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., atc.) 0 While Not While MEDI at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion agent, Undetermined manner death resulted from: Natural causes Accident Suicide Homicide designated ACTUAL DATE SIGNED SIGNATURE M.D. DEPUTY MEDICAL EXAMINER NAME (Typa) DEPU Address (Streat, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 0 12URIAL 0 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Krous DADCT 5M 7/59



after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIF	ICATE	OF DE	ATH

1	1	4	2	9
-	-	4	4	V

1	(14b)
1.	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. COUNTY b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum NO \sum \)
3.	NAME OF DECEASED (Type or print) Amanda Freducial Edwards DEATH Off, 2 1960
7	SEX 6. COLOR OR RACE 7. HARRIED NEVER MARRIED BOATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min.
10	o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINES) OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAI COUNTRY 13. BIRTHPLACE (Stote or foreign country) 14. CITIZEN OF WHAI COUNTRY 15. CITIZEN OF WHAI COUNTRY
) 13	FATHER'S NAME A agric Mancy Cardill
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give you or of doles of service) (If yes, give you or of doles of service) Address Ceruch Education
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Corobral Hemorrhage INDEXT: IMMEDIATE CAUSE (o) Corobral Hemorrhage
	Conditions, if ony, which) Corebral arteriosclerosis
4	gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 at work of work 19 at work 19 a
	21. I certify that (I) (this hospital) attended the deceased fram. Sept. 30
	220. SIGNATURE 220. SIGNATURE Web. STAFF DIRECTOR PHYS. DOCT. 2, 1960 22b. DATE SIGNER PHYS. MED. PHYS. DOCT. 2, 1960
	22c. PHYSICIAN'S NAME (Type) Willard P. Hudson Forest Hill. Md.
23	REMOVAL SPECIFIC CO. 1960 CONTROL 23c. NAME OF CEMETERY OR CREMATORY 23d (OCATION (City town, or county)) (Stote)
24	ADDRESS ADDRESS 250. TECTO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be reflected by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health priar to burial, cremation, ar remaval, and in any event, within, 72 haurs after death. VR A1S (4) 1SM 9/S9

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Page	1.	PLACE OF DEATH COUNTY AR FAR D
after death. the funeral	1-	p. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) RURAL CLENGTH OF
100	1	d. NAME OF HOSPITAL (If not in hospital, give street address)
E E		NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER A
pletely prs. P	-	Penale White WIDOWED DIV
executed within and campletely film papers. Page hours ofter deal	10a	USUAL OCCUPATION (Give kind af work done of the busing most af working life, even if retired) Shoesale
a odi		JAMES O. Forwood
death certificot		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war ar dates of service) (If yes, give war ar dates of service)
gned by the permit. The removal, and	ATION	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO
bing PHYSICIAN: The law rec haspital ar otherding physician After this certificate has been steed for use as the burial-transit h priar to burial, crematian, or it has a second to be a s	MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour o. m. While Not while
TTEN the OR: letacl	WE	p. m. 19 of work at work 121. I certify that (I) (this haspital) attended the decessaw the deceased alive an October 21 1960, 22a. SIGNATURE
DIRECT OF BE		22c. PHYSICIAN'S Audley Phillips
O HOSPII moy be re O FUNERAL page 3 sho the State Bo	230	Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Cel 29, 1960 CENTTE
VR A1S (4) 15M 9/59	24	purphies tester BEL Arr, Mar

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
O. COUNTY HARIORD MARYLAND	O. STATE MATHERED 6. COUNTY HATE	rd 3 Vol.
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	re nearest town)
HAURE CE DRACE 6 days	POEL Air Rural 315 E. Lon	MANE AVE.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS J.W.F. BAH. 1	e. IS RESIDENCE ON A FARM?
HARFORD MEMORIAL HOSPITAL	KAMING CONVALCECENT HOME INd	
NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) CORA HANNA to	RWBOD DEATH OTOBER	27 1960
6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS.
Temale White WIDOWED DIVORCED	April 2, 1874 86 yrs. Mantins	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE	OF WHAT COUNTRY?
Clerk Shoesales	Md.	U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES O. Forwood	SUSAN HANNA	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT (NEP here) Address	
(Yes, no, or unknown) (If yes, give war ar dates of service)	: Orem F. Hubbard Oxford I MA	ryland
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	1 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	d /196	ONSET AND DEATH
115 A A DUE TO /		
Conditions, if any, which) the HRIQRIOSCIE	ORD.SIR	
gove rise to immediate	1-03120	
lying carry last		
, (6)	ALOT DELATED TO THE TERMINAL DIFFACE COMBITION CIVES IN BART	V-130 WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
A COLOR		YES NO
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING C AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter noture of injury in Port I or Port II of item 18.)	
		ounty) (State)
Hour o.m. While Not while fact of work at work	tory, street, affice bldg., etc.)	
21. I certify that (1) (this haspital), attended the deceased fram.	OCT 22 1960, to OCF 27 1962	that (1) (we) last
D 1 - 51 /	eath occurred at M. fram the causes and an the	at the same of the
22a. SIGNATURE A A TO		22by.DATE /
Nudly Plullin In	A.D. PHYS. ATTENDING MED. STAFF PHYS.	10/28/8
22c. PHYSICIAN'S NAME (Type) Dudley Phillips MD	DARINGTON, and	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, tawn, or county)	(Stote)
PEMOVAI (Specify)	st Cometry Forest Hill, HARrford Co	Maryland
FUNERAL DIRECTOR'S SIGNATURE WILL Broadway + Williams	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE 3
Joseph w. Foster BEI Arr. Maryland	DATE OCT 31'60 Orthun &.	Kraus

PERSON DESCRIPTION OF THE PARTY AND THE PART The second of th Table 1 with the state of the control of the contro Tout and the second sec

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11431

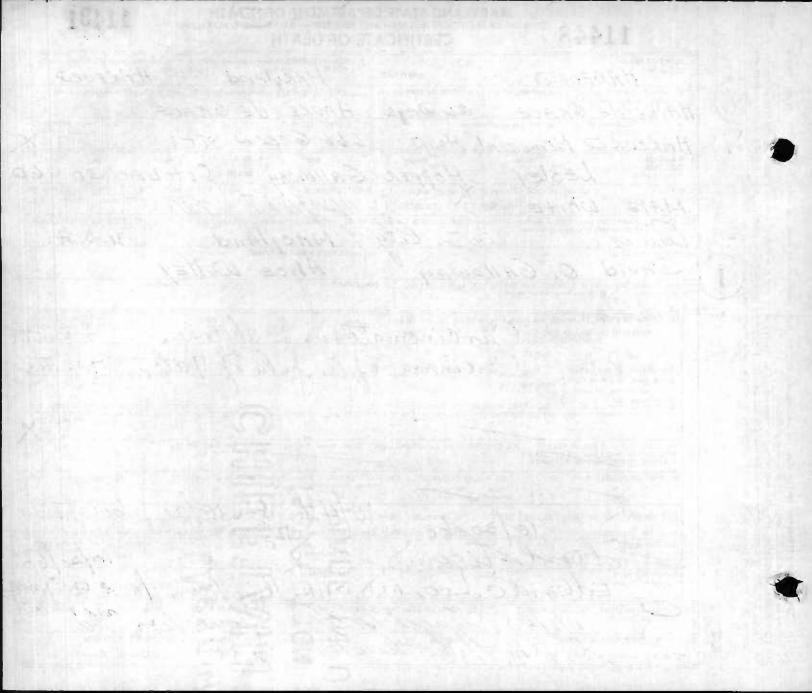
1	PLACE OF DEATH O. COUNTY HARFORD MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Map
F	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	HAVRE OF GRACE 26 DAYS	S HAURE DE GRACE MA
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	HARFORD MEMORIAL HOSP.	666 GREEN ST. YES NO
3	NAME OF DECEASED (Type or print) LESIEV HOPPEN	C GALLOWAY 1. DATE Month Day Year OF DEATH OCTOBER 30 1960
S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED MAIE WIDOWED DIVORCED [lost pirthdoy Months Doys Hours Min.
1	Oa. USUAD OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	
	during most of working life, even if retired)	MARYLAND U.S.A.
1	3. FATHER'S NAME DAVID O GALLOWS	14. MOTHER'S MAIDEN NAME Alice Willey
		17. INFORMANT Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	
F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	A INTERVAL BETWEEN ONSET AND DEATH,
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) arcinon	alotes in abdomen 2 months
	155 DUE TO	DO 1 Po D Moto 70 to
1	gove rise to immediate	of Muspula of Veller (months
	couse (a), stoting the <u>under-</u> lying couse lost.	
1		H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	YES NO
J. Barre	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTION CAUSE OF CONTR	CURRED. (Enter noture of injury in Port I or Port II of item 1B.)
1		De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streety office bldgetc.)
	Hour o. m. 19 While Not while of work of work	
	21. I certify that (1) (this haspital) attended the deceased fr	ram 19/4711; 1960 to 10730, 1960 that (1) (we) last
		nat death accurred at 12. M, from the causes and an the date stated above.
	220. SIGNATURE	M.D. PHYS. MED. STAFF PHYS. 10/30/600
1	22c. PHYSICIAN'S	22d. ADDRESS
1	NAME (Type) Edward C. Loo, M	1. D 211N. Usin Ave. Havre detrace
) =	230 BURIAL REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	ERY OR-CREMATORY 23d. LOCATION (City, town or county) (Stole) Aud
	REMOVAL (Specify) 11/1/60 angel	Itell Houde Grace Md.
12	A FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(1	The month of hardenself	DATE NOV 1 '60 avilua S. Thank

may be re fined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shauld-be-filed with the State Board of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ined by the hospital ar attending physician. VR A15 (4) 15M 9/S9

TO HOSPIY

after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11438 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Harford b. COUNTY MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the funeral c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 shauld be Aberdeen Aberdeen d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Street Street Rogers Rogers puo NAME OF First Middle 4. DATE Lost Month filled DECEASED OF DEATH GIBSON E. RUBENA October (Type or print) 7. MARRIED NEVER MARRIED 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER lost birthdoy) | Months | Days | Hours | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH complete 100 in any event within 72 haurs after death. 13. the attending physician please remave 15. (Ye þ After this certificate has been signed ar removal, and detached for use as the buriol-transit CERTIFICATION MEDICAL the registror prior to buriol, crematian, OR: poge 3 shauld TO FUNERAL

VS A15 (4) 15M 10/57

Page

after deoth.

within 24

ATTENDING PHYSICIAN: The low requires that the death certificate be

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Harford

e. IS RESIDENCE ON A FARM?

YES NO NO

Year

19

60

Female	White wil	OWED DIVORCED	Nov. 2	5, 1000	9 9	yrs.		
. USUAL OCCUPATION during most of working	(Give kind of work done	10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHP	ACE (State or fore	eign country)	12. CITI	ZEN OF WHAT	COUNTRY?
Housey	rife	Home	F	enna.		U	.S.A.	
FATHER'S NAME				MAIDEN NAME				
H	umphrey Co	rson	1	Elma An	n Row	man		1 3 %
		16. SOCIAL SECURITY NO.	17. INFORMANT	Jama Mil	II DOW.		ley Ro	60
NO (If y	es, give wor or dates of service)		Lee Mito	hell. H	lavre			au
	Enter only one cause of	er line for (0), (b), and (c).]			-ofb		INTERVAL BET	WEEN
PART I. DEATH	WAS CAUSED BY:	+cecte C	orone	y oc	ch	18-10-20	CALCOR ANDS	
4200	DUE TO	1 /	~ /	1 /	1	1 1.	~ /	
Conditions, if ony,	which) (b) A	irterio s	clero	ic /	10021	Leller	37	EAR
gove rise to imm	rediote (1	
couse (a), stating the lying couse lost.	under-							
) (c)						1	
PART II. OTHER	SIGNIFICANT CONDITIC	NS CONTRIBUTING TO DEAT	BUT NOT RELATED TO	THE TERMINAL D	ISEASE CONE	PITION GIVEN IN PART	1(o) 19. WAS A PERFOR	RMED?
20a. ACCIDENT WAS I OR CONTRIBUTING I (IF EITHER, NOTIFY ME	CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f injury in Port I c	or Port II of it	em 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	W	od. INJURY OCCURRED hile Not while work ot work	PLACE OF INJURY (foctory, street, offic	Home, form, 20f.	. (City or tow	n) (C	ounty)	(Stote)
21. I certify that	I ottended the dec	eased from TAU	1957,19	, to Det	-8	, 1960, that I l	ost sow the	deceosed
olive on OCA	- 18-60,1	9, and that d	eoth accurred at	10:00 AT	from the	causes and an th	e dote state	d above.
and the state of	1 1	11/11				y or lown, state)		TE SIGNED
ACTUAL SIGNATURE	rudie	Weess	M.D.	114 1	W. Bel	Air Ave	, 10-10)-60
PHYSICIAN'S								
NAME (Type)	Andre Weis	s. M.D.		Aber	deen,	Md.		
BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATORY	22d. l	LOCATION (C	ity, town, or county)	(Stote)
REMOVAL (Specify) Burial	10/11/60	Grove C	emetery		Aberde	en. Mar	yland	
FUNERAL DIRECTOR'S S	IGNATURE TA	rringooresuner	al Home	24o. REC'D BY R		24b. REGISTRAR'S SIG	-	
John 17	Tarring	Aberdeen,		DATE OCT 1	3 '60	Orthus L.	Kraich	
John G.	Tarring							

	and the symbol ley
	3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

FOR STATE director. Page director. Page d for your files. Board of Health, TO DEPUTY SEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is executed certificate, withing the word "pending" in pending them, 18. Give Pages 1, 2, and 3 to the full 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

11466

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11433

	Reg. Dist. No.						
I, PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission)						
S. COUNTY HARFORD MARYLANI	O STATE MARYLAND COUNTY HARFORD						
b. CITY OR TOWN (If outside corporate limits, write RURALgnd give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
DARLINGTON IN CAR	BREL AIR (BALTIMORE)						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS						
1/2 miles N.EON (ASTLETON, Rd	Box 184 (316- 204 Street) YES NO NO						
3. NAME OF DECEASED (Type or print) EARLE ANDREW 6.	REENE DEATH OCTOBER 15 1960						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost hirthday)						
MALE NEGRO WIDOWED DIVORCED	JANUARY 23, 1928 3 Zus. Months Days Hours Min.						
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) HEMIST Army Clearical Ce	U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
CIARK GREENE	BerthA NORRIS						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 1. Address Box 120						
YES WWI 162-067-0621	Mrs. Cathleen Green Warlington, me						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN						
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) BRAIN INJURY ONSET AND DEATH TNSTAN							
DUE TO							
Conditions, if any, which) (b) SHOTGUN BLAST BLEW OFF TOP OF HEAD							
Bose Lize to Intimediate Conse	804 Lite to Intimediate conse						
(o), slating the underlying DUE TO SUICIDE							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING	PERFORMED?						
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUPRED.	(Enter noture of injury in Port t or Port II of item 18.)						
PRIMARY BOY CONTRIBUTING SUICIDE - PLACE	CED 12 gauge shot gun to RIGHT TEMPLE						
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. P.	LACE OF INJURY (Home, form, 120f. (City or town) (County) (State)						
Hour o.m. While Not while	STLETONRY DARLINGTON, HARFORD, MA						
21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my							
opinion deoth resulted from: Notural causes, Accident, Suicide Homicide, Undetermined monner							
A A							
SIGNATURE Philip W. Deuman	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED						
EXAMINER'S PHILIP WI HEUMAN N	ASSISTANT MEDICAL EXAMINER D						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)						
Burist 10-18-60 PAWN LIOI	V A.M.E. Centry FAWN Grove, PA.						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 556	Perris At 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
Otelia & Bullock, Savre de &	race, Md. DATEOUT 18'60 Chilms S. Frank						

VS. A15ME 5M 2/57

SECRETARIAN SERVICES AND AND LAND CREEKS STREET, MANAGEMENT AND ADDRESS OF THE PARTY OF THE PART months of the Sales of the Sale

CERTIFICATE OF DEATH

	O. COUNTY HAR FORD MARYLAND	o. STATE ARILLAND b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAVE OF GRACE 2 days	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HANTOR (Memorial Hospital)	d. STREET ADDRESS 12 Baltimore St. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
/	3. NAME OF DECEASED (Type or print) FloreNCE Elizabeth	Gross 1. DATE OF Honth October 24 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8	3. DATE OF BIRTH 10 7 / 12 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS left UNDER 24 HRS yrs.) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS with Under 24 HRS yrs.) 10 / 7 / 12 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS with Under 24 HRS w
1	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST during most of working life, even if refired) Cost Accounting Clerk U.S. Govt.	Maryland U.S.A.
/	Charles & Gross	Mary (Mitchell) Gross
	(Yes, no, or unknown) No	FORMANT / Address
	18. CAUSE OF DEATH [Enter only one couse per lime for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.
C	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter noture of injury in Port I or Part II of item 1B.)
		CE OF INJURY IHome, farm, 20f. (City or town) (County) (State tory, street, office bldg., etc.)
	220. SIGNATURE	eath accurred of & M, from the causes and on the date stated above A.D. ATTENDING MED. STAFF PHYS. 10/25/60 A.D. ATTENDING MED. STAFF PHYS. 10/25/60 22d. ADDRESS 214 N. Union Ave. Havre de Grace,
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR BURIAL 10/27/60 Mt. Zion Co	emetery R.D. Bel Air, Maryland
)	when I farmy Tarring Funeral Aberdeen,	
//	John G. Tarring	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled it, by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, with TZTARYS after death. offs after death. ned by the haspital ar attending physician. may be re

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

after death. Page 4

TO HOSPI VR A15 (4) 15M 9/59

as one of the contract of the second Frederic Little Mills F. W. Day John J. S. Jost . S. J. Day Jack In F. She d. Union Ave. is the de drace margrant . 10/2 /on . 10.8 _ vandomes note . 18 . 00/ 5/01 _ TE south Average Market Market State of the Control of the C

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11435

	T	tam l	D: 1 20 7/1	7 5	OF DEATH				-		U
1. PLACE OF DEATH o. COUNTY Harford		MARYLAN		USUAL RESIDENCE (d lived. If institution b. COUNTY	on: Resider	nce befo	re admiss	ion)	
b. CITY OR TOWN (II RURAL ond give ne Benson,		ts, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (I	If outside corpo	rote limits, write R	URAL ond	give nec	arest town	4
d. NAME OF HOSPIT OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
206Maxxa	wxHithxRea	d Har	rford Road		206 Mal		1 Road			YES _	NO 🗆
3. NAME OF DECEASED (Type or print)	Fii MAF		Middle I.		GROVE	4. DATE OF DEATH	October	th	28		Yeor 19 60
S. SEX			IED NEVER MARRIED	7 8. DA	ATE OF BIRTH		9. AGE (In years	IF UNDER			
Female	White	WIDOWE			g. 6. 187	5	lost birthdoy)	Months	Doys	Hours	Min.
during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sic		ountry)				COUNTRY?
Housewife					Marylan				U.S.	A.	
13. FATHER'S NAME				14	. MOTHER'S MAIDER						
Richard					? H:	ill					
1S. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOR If yes, give wor or dates of :		SOCIAL SECURITY NO. 17	7, INFOR	MANT		Add	ress			
No				Mr.	Richard W	Grove	206 Mal	Low H	ill	Road	
18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), gnd (c).]	- /		1		87.03		ERVAL BE	
PART I. DEATH WAS CAUSED 8Y: LEVED 701				1	Throm has is ONSET AND DEATH						
21-41	DUE TO		/	, ,		25 2:		-		1	
Conditions, if o	ny, which)	. 11)	IPEYTEN.	SIV	e Cara	TIOVA	SCULA	Y DI	1	H L	WS.
gove rise to it	mmediote (1	1						7	//	,
couse (o), stoting lying couse lost.	the under-									/	
PART II. OTH	IER SIGNIFICANT CON	iditions <u>c</u>	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o)	19. WAS PERFC YES	DRMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Er	nter noture of injury	in Port I or Por	t II of item 18.)				
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. It While of wor	_ Not while	PLACE (OF INJURY (Home, fo street, office bldg.,	orm, 20f. (City	y or town)	((County)		(Stote)
21. I certify that (1) (this hospital) attended the deceased from $1 - 28$, 1960, to $10 - 28$, saw the deceased alive an $10 - 28$, 1960, and that death accurred of 215 M, from the couses and a										(we) lost	
saw Tire decease 226. SIGNATURE	ford A	1	redson	deat	ATTENDING PHYS.	MED.	STAFF PHYS.	d on th	e date		b. DATE SIGNED
22c. RHYSIC AN'S NAME TYPE	tord 1	- 1	LUDSON	/	22d. ADDRESS	ORK	, M	D.			
23a. 8URIAL, CREMATIO REMOVAL (Specify) Burial	10/31/60		23c. NAME OF CEMETER				TION (City, town,	or county)	Md.	(Stot	re)
24. FUNERAL DIRECTOR	120/2-100	0	ADDRESS DAV	To		EC'D 8Y REGIS		STRAR'S SI			
W 01	ale 1201 a	1.	Vaca Most	The set	2440		'60	Ciriling	0 1		

by the funeral directar, d 2 shauld be filed with and **DR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 h led by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 of the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death VR A15 (4) 1SM 9/59

TO HOSPIT

ofter death. Page 4

11407 . Him, months . . . and made about the manual to the things are

FOR STATE HEALTH DEPT

TO DEPUT EDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delot is necessary, please execute: Certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retarmed for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11439

11436

A A A () .	-		Keg, Dist.	. 140.
1. PLACE OF DEATH	105000		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE A. b. COUNTY	e before odmission)
7//	ARFORD	MARYLAND	MARYLAND	REFORD
b. CITY OR TOWN (If outside and give nearest town)	corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ive nearest fown)
BEL	- HIR	6 YRS	BEL AIR 32	
7/	R INSTITUTION (If not in hosp	oital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
34 ID	LEWILD		34 IDLE WILD	YES NO
3. NAME OF DECEASED (Type or print) CHA	ARLES R	Middle AYMOND =	ACKSON 4. DATE Month OF DEATH OCTOBER	2/ 1960
5. SEX 6. 0	OLOR OR RACE 7. MARRIE	D NEVER MARRIED B.		
MALE	NHITE WIDOWED	DIVORCED F	EB 6, 1921 39 yrs. Months Do	rys Hours Min.
100. USUAL OCCUPATION (G	ive kind of work done 10b. KI	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
during most of working life.		NONE	MARYLAND	ISA
13. FATHER'S NAME	MISTI		14. MOTHER'S MAIDEN NAME	- 0/1
NORMAI	/ 4 - 1 -	/	ETTA TEAGUE	
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. IN	FORMANT Address 34	THEWILL
[Yes, no, er unknown] yes	give wor or dates of service)			LOCEVILL
			RS ETTA L. JACKSON BE	
	inter only one couse per line fo			INTERVAL BETWEEN
3 3 IMME	DIATE CAUSE (a) MA	SSIVE KT,	CEREBAL / HROM BOSIS	10 MIN
3 3 % X	DUE TO			
Conditions, if ony,				
gave rise to immediate (a), stating the under				
couse lost.	(c)			
PART II. OTHER SI		NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19, WAS AUTOPSY PERFORMED?
PART II. OTHER SI	EGIC FO	OR 10 YR	2.5	YES NO
200. EXTERNAL CAUSE WE PRIMARY OF CONTRIBUTION CAUSE OF DEATH.	AS 20b. DESCRIBE		ter noture of injury in Port I or Port II of item 18.)	
	Month, Doy, Yeor 20d. IN	NITIPY OCCUPPED 1200 PLAC	E OF INITION (Home form 1994 (City or town)	16
Ö Hour	While	Not while factor	E OF INJURY (Home, form, 120f. (City or town) 510E 05 (Count)	(State)
7770	114 2719 50 of wor	tk of work His	4WAY 67 CAIRO,	ILL!
			re, held on Autopsy [], Inspection [A. Inquiry	and in my
opinion death resu	Ited from: Natural co	auses 🔀, Accident 🗌], Suicide [], Homicide [], Undetermined mo	nner 🔲
ACTUAL DE	ih) w. Hen		M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE TILL	op w. Hen	yur w	ASSISTANT MEDICAL EXAMINER	Oct 21,1960
EXAMINER'S PH	ILIP W. HE	UMANM.	DEPUTY MEDICAL EXAMINERS	
220. BURIAL, CREMATION, 2 REMOVAL (Specify)		22c. NAME OF CEMETERY OR		(State)
BuriAl	etober 24, 1960	Fork Christian C		
23. FUNERAL DIRECTOR'S SIG	W. Grandina	ADDRESS	240. REC'D BY REGISTRAR, 6 346. REGISTRAR'S SIGNA	SUMEROUA
Joseph 20, Foste	TEL AS - MI	myand	DATE	

3 4 1 1 1 1

MARYLAND STATE DEPARTMENT OF HEALTH

113 124 124 124 124 124 124 124 124 124 124	11	11437					
	1. PLACE OF DEATH o. COUNTY	P. FOR.D		MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institution b. COUNTY	an: Residence before admission) HARFORD
	b. CITY OR TOWN (IF RURAL and give ned HAVRE A	E GRAC	E 9	GTH OF STAY IN 16 Z HRS	Abinge Town	outside corporate limits, write RI	URAL and give nearest town)
9	d. NAME OF HOSPITA OR INSTITUTION HARFOR	L (If not in haspital, g MEM	ore street address)	Hosp.	Box a	278 A	e. IS RESIDENCE ON A FARM? YES NO
3	3. NAME OF DECEASED (Type or print)	Fir Bal	у	Middle Girl	Kuhn	4. DATE OF DEATH OCTOB	ER 20 19 61
	FEMALE	6. COLOR OR RACE WhitE	WIDOWED	DIVORCED	B. DATE OF BIRTH 10 - 20	9. AGE (In years lost birthday) yrs.	Months Doys Hours Min.
	NEW box	ng life, even if retired	PAN7	F BUSINESS OR INDL	ISTRY 11. BIRTHPLACE (State	yland	12. CITIZEN OF WHAT COUNTRY?
1		t V. Kuhn	CTCO IV COCINI	ercunity No. 117 4	NFORMANT	Cillian K	Poberts
-	no	f yes, give war or dates of s	none none	. I	Kate L. Kuhn	Abing	gdon Md.,
	PART 1. DEAT	TH [Enter only one ca TH WAS CAUSED BY: IMMEDIATE CAUSE (a	12	(c). (b), and (c).]	my ate	Cectasis	ONSET AND DEATH
	Conditions, if on gove rise to im		1	remate	nity		8 hours
	couse (o), stating the lying couse last.	he under- DUE TO	1.80	centa	/mal v	ra	/EN IN PART 1(o) 19, WAS AUTOPSY
	O ACCIDENT WAS				ED. (Enter noture of injury in		PERFORMEDS YES NO
7		CAUSE OF DEATH			LACE OF INJURY (Hame, fare		(County) (Stote)
	20c. TIME OF INJURY Hour o. m. p. m.	19	While _ No		actory, street, office bldg., etc	c.)	
	saw the decease	(1) (this hospitoled olive on	/	/ .	/ 1-		d on the date stoted obove.
,	22c. PHYSICIAN'S	Mais	MI	Leen	M.D. ATTENDING M.D. PHYS. D	AED. STAFF PHYS.	22b. DATE SIGNED
	NAME (Type)	11m M	.1FF	N	1 0 1	VIAN AUF HADA	OF DE GRACE, MY

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (Stote)

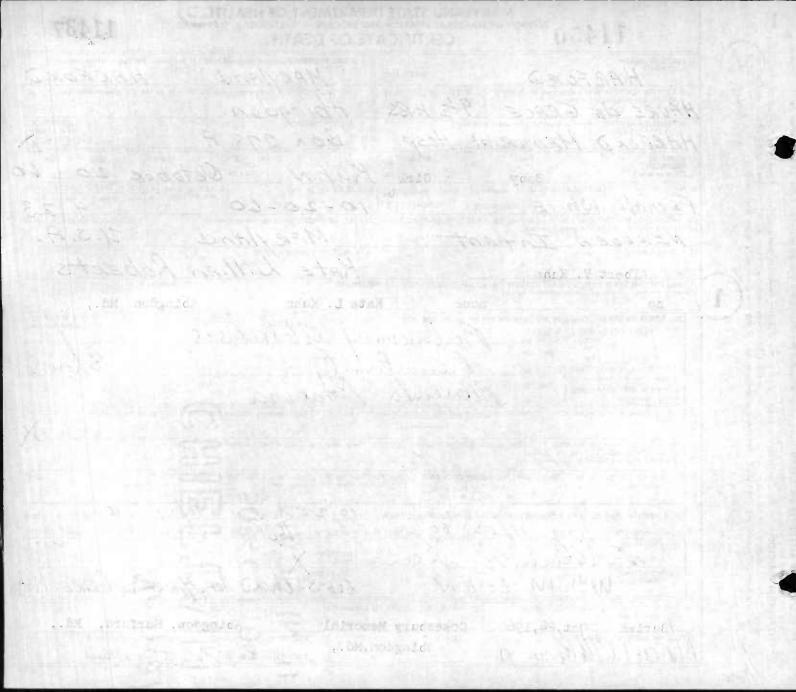
24 FUNERAL DIRECTOR'S RENATURE 4,1960 Cokesbury Memorial
ADDRESS
Abingdon, Md.,

Md., Abingdon, Harford, 25b. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR DATE OCT 2 6 '60 arthur S. Kraus

VR A1S (4) 1SM 9/59

TO HOSPIT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11438

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TO HOSPIT. DR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have ofter death. Page 4 may be refunded by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled if by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, are movel, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY HAT Ford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY						
b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest tawp)	c. CITY OR TOWN (Notation composate limits, write RURAL and give nearest town)						
HAVre de Grace 7 days	Nottingham: Pa. Sural						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
HARtord MEMORIAL	YES NO [2]						
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year OF DEATH On to her 13 1960						
(Type or print) DESSIE LOU	ragginos ociober is no						
	last birthday) Manths Days Haurs Min.						
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11/BIRTHPLACE (State or fareign country) 12.CITIZEN OF WHAT COUNTRY?						
during, most of working life, even in theired) Housewife, even in theired Own None	16 Canalista 115A						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Reed Hill	Pearl (McMillan) Hill						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or spiknown) (If yes, give wor or doles of service)	NFORMANT Address						
10 197-12-2488 (harles Loggins Nothingham, a						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF COURSE	quir Pupures						
DUE TO							
Canditians, if any, which gave rise to immediate							
cause (a), stating the under-							
Iying cause last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
OILA	PERFORMED? YES NO						
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 1B.)						
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)						
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while at wark at wark	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) ctary, street, affice bldg., etc.)						
21. I certify that (I) (this haspital) attended the deceased fram							
	death accurred at Q AM, from the causes and an the date stated above.						
220. SIGNATURE	ATTENDING MED. STAFF 15 15 SIGNED						
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. DICECTOR PHYS. D						
NAME (Type)	Hvy de Gires						
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF PRINCIPLE OF CONTROL OF CEMETERY OF CE	OR CREMATORY 23d. LOCATION (City, town, or county) (State)						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	Less monte OCT 1 8 '60 Ching S. There						
Comment of the second	Second will have a						

30. May work and the SEC! - de se se state and Par a fortal There is a constable DESTRUCTION LOCKED TO SERVICE Femals W 25 6 45 And we differ the course property of the winds of the state. Elear Mille History Hill 117-12248K Charles Loggins Hattingham, Edi BUT TO BE SEE THE STATE OF THE The second of th

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11452

CERTIFICATE OF DEATH

11439

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY HAY	ford	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Harrford c. CITY OR TOWN # outside corporate limits, write RURAL and give nearest town) Forest Hall								
B. CITY OR TOWN I										
d. NAME OF HOSPI	TAL (If not in hospital, g				d. STREET ADDRESS		1		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JAMES	1	A. Middle	0	NAHAN	4. DATE OF DEATH	Octobi		Day 16,	Yeor 1960
5. SEX	6. COLOR OR RACE	7. MARRIE			B. DATE OF BIRTH July 25, 1871	0	9. AGE (In years lost birthday) 90 yrs.		YEAR IF UNE	T
during most of wor	rking life, even if retired)		nd of business o		MATY A	be	ountry)		EN OF WHA	T COUNTRY
13. FATHER'S NAME	nadam				SUSAN 1		~			
	ER IN U. S. ARMED FORG	rvice)	ocial security No -28-4630		S. MASON A. W.) D	Add	Rond	d	
Conditions, if gave rise to cause (a), stating lying couse last.	immediate (Coro	nary Occli						15 min	L
CATE	Carcinom			ATH BUT	NOT RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY C	CCURRE	D. (Enter nature of injury in	n Part I or Part	III of item 18.)			
ZOc. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Yea	While	URY OCCURRED Nat while at work	20e. PL	ACE OF INJURY (Home, failtory, street, office bldg., e	rm, 20f. (City	or town)	(Co	unty)	(State)
actual SIGNATURE		P4		death		AM, from	n the causes of reet, city or town,	and an the	date sta	ted abave
	ON, 226. DATE THEREO	F	22c. NAME OF CEM St. I guntius			22d. LOCAT	TION (City, town,	10 1	ty, maryl	1
23. FUNERAL DIRECTOR	- L - Wil	Broadu Air	MANIAN d	Pms	24a. REC	C'D BY REGIST		STRAR'S SIGN		

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	dia dia 1			
The second of th	di a bis B Silm momes a curo			10 miles

11/40

	114:03 CERTIFICATE OF DEATH	1430
1	PLACE OF DEATH a. COUNTY HARFORD MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE HARFORD b. COUNTY HAR	KFORD
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and girl	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HARFORD MEMORIAL HOSP. 1365. Philadelphiab	IS RESIDENCE ON A FARMS YES NO
3.	NAME OF DECEASED (Type or print) DOROTHY P. Middle MAJOUKAS 4. DATE OF DEATH OCTOBER	10 19 6 C
	FEMALE WhitE WIDOWED DIVORCED NOV. 18, 1897 62 yrs. Months	YEAR IF UNDER 24 HRS. Days Hours Min.
	House Home Hungary U.S	• A •
	3. FATHER'S NAME OF ORGE PALUISON OF PERSON FORE CULTURE S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address DOT	deen, Md.
	No No (If yes, give wor or doles of service) 056 12 7568 Louis Maloukas, 136 S. Phila	. Blvd.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombasia	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b) Cenellard attrevalences	Eypans
	cause (a), stating the under- DUE TO ying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1/-1 10 MAG ALITOPSY
OIT A CIT		PERFORMED? YES NO
1020	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ounty) (State)
24000		
	saw the deceased alive an DCT 10 1960, and that death accurred at 42 M, from the causes and an the	
1	22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22c. PHYSICIAN'S 22d. ADDRESS	22b. DATE SIGNED
1	NAME (Type) B.J. Plunkett Jr., M.D. 617 W. Bel Air Ave, Aber	
2	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10/13/60 Bakers Cemetery R.D. 2, Aberdee	
13,5	Aberdeen, Md. DATE 250. RECISTRAR 25b. REGISTRAR 25b. REGISTRAR'S SUB-	The state of the s

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be may be the med by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or VR A1S 1SM 9/

AT AND TO STANFACTOR OF DEATH ENTRE OF THE STATE OF A SAME OF THE SAME the section of the state of the section of the sect A THE STATE OF THE , mashesara

after death. Page 4 TO HOSPIN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have after death. Page 4 may be 1, and by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled 7.5 by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pages. Pages 1 and 2 shauld be filled with the State Board af Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/S9

	MAKTLAND STATE DEPARTMENT OF HEALTH
4.4 1	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
11454	CERTIFICATE OF DEATH

11454 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 114	141
1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence below. STATE) b. COUNTY Bulto.	fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED TO First Middle Last OF Manth DEATH DEATH	Day Yeor
7 4116	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor er 12. CITIZEN 0	OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	Or Nanus Joppa, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)	NSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) But the contribution of the terminal disease condition given in Part 1(a) 20a. ACCIDENT WAS UNDERLYING COURSED. (Enter nature of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Month, Doy, Year Month, Doy, Mon	y) (Stote)
21 I certify that (I) (this hospital) attended the deceased from 1960, and that death occurred at PM, from the causes and on the do 220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS.	thot (I) (we) last te stoted abave. 22b. DATE SIGNED
22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
REMOVAL (Specify) Burial 10-5-1960 St. Stephen's Bradshaw, Md. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNAT DATE OCT 5 '60 Out - 2 to	

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11455

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11442

1. PLACE OF DEATH o. COUNTY MARYLAND B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A COUNTY D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A COUNTY D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	2
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HAURE de DRACE 20/1N THAUCE de DRACE	
I NAME OF HOSPITAL HE AND IN THE	
d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDER ON A FAI	
HARLORD MEMURIAL 1606 SREEN - YES N	
3. NAME OF DECEASED (Type or print) PICE B. Middle Last OF DECEASED (Type or print) PICE B. MCMASTER DEATH 10 8 190	50
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Manths Days Hours	HRS.
WIDOWED DIVORCED CLET 24, 1369 90 yrs. Mullills Days Hours	Ain.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COU	ITRY?
Clerk Relied MARYIAND U.S.A.	
13. FATHER'S NAME	
John Mc Master Susanna Schritz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	100
(Ves. no, or unknown) , (If yes, give war or dates of service) // hs. Harry f. Crawford Havrede Gra	2
18. CAUSE OF DEATH [Enter only ane cause per line for (o), (b), and (c).] INTERVAL BETW ONSET AND DE	EN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conebral Coparation	VIII.
443 V DUE TO 0 10 10 0 0 1 10 0 0 10 10 00 00 00 00	5
Canditions, if ony, which) (b) Despertence Cortero schooles d.	
gave rise to immediate DISTO	
couse (a), stoting the <u>under-</u> lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT	DPSY
IE I	D?
200 ACCIDENT WAS UNIDEDIVING TO 20th DESCRIBE HOW INJURY OCCURRED (Fater patrice of injury in Part Lot	
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	
	State)
Haur o. m. p. m. While of work of the other of the othe	
21. 1 certify that (1) (this haspital) attended the deceased fram 10 - 8, 1960, to 10-8, 1960 that (1) (we	last
saw the decepted flive an 12 - 8 - 1960, and that death accurred at 14 M. from the causes and an the date stated at	
220. SIGNATURE 220. DI	
M.D. ATTENDING MED. STAFF PHYS. 10-8-60 SI	GNED
22c. PHYSICIAN'S NAME (Type) T. C. A. O.A.C. 22d. ADDRESS	
IP 1.1') / MON	
Jan of Exercise	
23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stote)	
REMOVAL (Specify)	
REMOVAL (Specify)	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11456

11443

	1. PLACE OF DEATH O. COUNTY Har Land MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Lasty
4	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1	b c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
	RUPAL and give pearest town)	Ly X Havre do Grace
	of NAME OF HOSPITAL (If not in hospital, give street address) OR WISTITUTION Han Kand Memorial Hospital	d. STREET ADORESS e. IS RESIDENCE ON A FARM? YES TO NO
	3. NAME OF DECEASED (Type or print) A THE PERMITTER MIDDLE MIDDL	Mitchell 4. DATE OF Month Day Year OF DEATH October 25, 1960
	5. SEX 6. COLÓR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
-	10g. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR IN during most of warking life, even if retired)	IDUSTRY 11. 8 IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Mitchell	Walle Johnston
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	Hobert Mitchell - pame Jaker)
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ANTERVAL BETWEEN ONSET AND DEATH 2 - 3 AM
	Conditions, if only, which)	Stomerulo nephritis +
	gove rise to immediate couse (a), stating the under-lying cause lost. DUE TO (c) MIId Congu	estivis Failare
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ☑ NO □
7	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Haur a. m. 9. m. 19 While at work at work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that (I) (this haspital) attended the deceased fra	m Jan 2 1260, to OCT 25, 1960, that (1) (we) last
-	saw the deceased alive an Oct 25 19 60 and the	at death accurred at FP.M, from the causes and an the date stated above.
H	220. SIGNATURE PLANTED	ATTENDING MED. STAFF SIGNED PHYS. ATTENDING MED. PHYS. ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type)	M.D. PHYS. DIRECTOR PHYS. D
	Sugrey Mills Ing	1 University ma 19
	23a. BURIAL, CREMATION, 23b. DATE HEREOF 23c. NAME OF CEMETER BURIAL 10/28/60 Harmony P	Y OR CREMATORY 23d. LOCATION (City, town, or county) res. Cemetery RD. Havre de Grace, Md.
	24. FUNERAL DIRECTOR'S SIGNATURE Tarring AD Funeral	Home 25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
	John B. January Aberdeen, Md	
0	John G. Tarring	

11411 10/25/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | 10/26/60 | arolf faront un brach. hole of Donald

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fitted with the State Board of Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSPIT

VR A15 (4) 1SM 9/59

after death. Page 4

11400	TE OF PEATIT
1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, w	
1. PALCE OF DEATH C. COINTY AARYLAND C. USUAL RESIDENCE (Where deceased lived. If initiations. Residence before admission) C. COINTY C. CO	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
DECEASED	OF
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last bightday) Months Doys Haurs Min.
during most af working life, even if retired)	ISTRY 111 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
1. PAGE OF DEATH	
(Yes, no, or unknown) (If yes give war or dates of service) + 1 1 1 1 1 1 1 1 1	Mrs. Doy of les Carbin Bouson, md.
PART I. DEATH WAS CAUSED BY:	
Conditions if any which	
gave rise to immediate cause (a), stating the <u>under-</u>	
	PERFORMED?
	ED. (Enter noture of injury in Part I ar Port II af item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PI Hour a. m. While Nat while of work of twark	
22a. SIGNATURE Mender	ATTENDING MED. STAFF DA 101/ SIGNE
	22d. ADDRESS
	OR CREMATORY 23d LOCATION (City, town, or county) (Stote) Letting Fallston, Harford ma
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Note of print) Control Control	

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FOR STATE HEALTH TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any even whith 72 hours after death.

VS. A15ME 5M 7/59/

MARYLAND STATE DEPARTMENT OF HEALTH PER STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

a. COUNTY			e, STATE		b. COUNTY	lion: Kesidence	befora admission)		
Harford		MARYLAND	Ma	ryland		Harfor			
b. CITY OR TOWN (if outside corpo write RURAL end give neerest to	orate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (It outside corporeta lir	nits, write RUR/	AL end give na	arast town)		
Havre de Grac		14 hrs.,	X Edge	wood					
d. NAME OF HOSPITAL OR INSTIT			d. STREET ADDRESS	wood		1	e. IS RESIDENCE		
Harford Memo	Willoughby Beach Rd.,								
Harford Memorial Hospital 3. NAME OF First Middle			last WILLOUGHD	Day	Yeer				
DECEASED (Type or print)	- 9 LT 1-			4. DATE OF DEATH	Month	/	10.		
	Steve	Joseph	Rakar		Oct.2		19 60		
5. SEX 6. COLOR O	R RACE 7. MARRI	ED X NEVER MARRIED 8	. DATE OF BIRTH	9. AGE	irthday) Mon		F UNDER 24 HRS.		
Male Whi		ED DIVORCED	Aug.11,1915	45					
1De. USUAL OCCUPATION (Give kind done during most of working life, ever		KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stata	or foreign country)	12	2. CITIZEN OF	WHAT COUNTRY		
Sheet Metal Mecha		Missle	Fort Pa	lmer, Pa.		II.S	S.A.,		
13. FATHER'S NAME			14. MOTHER'S MAIDEN		,		, , ,		
John Rakar			Zusan Si	ohul e					
15. WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	INFORMANT	Chura	Address				
(Yas, no, or unkown) (Ifyasgiva waror		0 05 5011		A CALL					
yes WW 11			riel E. Raka	r Edge	wood Ma				
18. CAUSE OF DEATH [Enter of		line for (a), (b), end (c).)	Ch 01	2			ONSET AND DEATH		
IMMEDIATE CA									
816× DUE TO									
Conditions, if eny, which	413 200								
gave rise to immadiete ceuse									
(e), steting the underlying cause last.									
	PART 1(e) 19.	WAS AUTOPSY							
		PERFORMED?							
DI CA	YE	S NO							
PART II. OTHER SIGNIFICANT DEL 20b. EXTERNAL CAUSE WAS PRIMARY [3] OF CONTRIBUTING [1] CAUSE OF DEATH.									
1 mas o accept o									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
20c. TIME OF INJURY Month, Hour		le Not Whila Rou	to 40 Edas	ewood Lid	W Edger	roud Ho	a M.		
		mains described above, he	promise and the second	Inspection K.	Inquiry [7, and in	n my opinion		
ACTUAL OF	CHIEF MEDICAL EXAMINER BELLAIN W								
SIGNATURE Described C Palmer M.D. ASSISTANT MEDICAL EXAMINER (DATE SIGNED									
EXAMINER'S	EXAMINER'S C & 3' 2 (d C P) / M C 7 M P DEPUTY MEDICAL EXAMINER \ 10- 26-66								
			Address (Street,	city, town, or county)					
22a. BURIAL, CREMATION, 22b. DAT REMOVAL (Specify)	TE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (C	ity, town, or co	ountry)	(Stata)		
	28,1960	St. Stephen's		Bradshaw:	Balto	Marv	land.		
28. FUNERAL DIRECTOR	0	ADDRESS	24e. REC	Bradshaw :			E		
Howard Killeton	nue Va	/ Abingdon	Md., oc	T 3 1 '60	arthur	8. Kraus			
			DATPWW	10,0	0000				

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VS A15 (4) 15M 10/57 11468

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

11445

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Harford MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Harford					
RURAL and give r	(If autside carporate limit nearest town) ngdon	s, write c.	LENGTH OF STAY IN 6 mos		c. CITY OR TOWN	(If autside corp.		URAL and g	ive nearest to	wn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street odd	ress)		d. STREET ADDRES	s Bar Hai	rbor		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Antoinet		Middle A •		Lost Raymond	4. DATE OF DEATH	Man Oct	th	Doy 5	Year 19 60
5. SEX female	6. COLOR OR RACE white	7. MARRIED		B.	Apr. 26,1	.880	9. AGE (In years last birthdoy) 90 yrs.		YEAR IF UN Doys Hour	DER 24 HRS.
none 3. FATHER'S NAME	ON (Give kind of wark of rking life, even if retired)		D OF BUSINESS OR	INDUSTR	Quebe	C Cans			zen of whi	AT COUNTRY
15. WAS DECEASED EV	h Morissette	CES? 16. SOC	IAL SECURITY NO.	17. INF	Mulvina	Dumas	Add	ress		
Yes, no, or unknown)	(If yes, give war or dates of se	rvice)		Jo	seph D. Ca	ron	Abii	ngdon	Maryl	and.
Conditions, if a gove rise to cause (a), stating tying cause last.	immediate DUE TO				chon					relix
	(c)		TRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
PART II. OT	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCC	CURRED. (Enter nature of injury	y in Port 1 or Po	rt 11 of item 18.)		YES [□ NO KI
20c. TIME OF INJU Hour o. m. p. m.		While of work	Not while	0e. PLACI foctor	OF INJURY (Home, y, street, affice bldg.	form, 20f. (Cit	y or tawn)	(C	ounty)	(State)
olive on	hat I ottended the representation of the second of the sec	deceased , 1962	from Sep 2, and that d	of / leath o	Courred at ///	354 M, fro			e date sta	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify)		C. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	ATION (City, town,	or county)	(SI	ud ate)
23. FUNERAL DIRECTOR	Oct.6,196	1	dgar J. R	3,64		REC'D BY REGIS	TRAR 24b. REGIS	SEX Co	NATURE	ISS.

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					The purpose				

BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed livad, If institution; Rasidance before admission) I director. Page for your files. a. COUNTY e. STATE b. COUNTY MARYLAND # b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 porata limits, write RURAL and write RURAL end give nearest town)" for your Board d. NAME OF HOSP AL OR INSTITUTION (if not in Jospital, give streat address) IS RESIDENCE ON A FARM? and 3 to the ferreral 2 with the State NO death. NAMEOF Middle 4. Yaar DECEASED OF (Typa or print) DEATH RACE AGE (In years | IF UNDER 1 YEAR IF UNDER i within 24 hours after deat in 18. Give Pages 1, 2, and 3 th form PM3. Page 5 may 1 mit. File pages 1 and 2 with weent within 72 hours at 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) MORE, MARYLAND PAINTER 13. FATHER'S NAME WorceEchowski burial-transit permit. File novel and in the event 16. SOCIAL SECURITY NO. 17. INFORMANT COTTE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yas giva war or datas of service) JOSEPH Robert Rivehart Office along with This certificate should be executed in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) ease execute the certificate, writing the word "bending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used es a b gava rise to immediate causa DUE TO (a), stating the undarlying ö cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO DE 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert II of itam 18.) burial, Month, Day, Yaar, 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) factory, straat, office bldg., etc.) Not While 0 at work et work prior 1 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry and in my opinion Accident V. Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 229, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Sh John's CEMETERY P40 0 Cctober 17,1960 Lowg Green, BAlto. County, MAryl And BuriA 23. FUNERAL DIRECTOR Wi Broadway & Williams Sto 246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. A15ME DATE OCT 1 7 '60 arihun S. Kraus BEI Air, Many god 5M 7/59

LAND STATE DEPARTMENT OF HEALTH

54-E-4- 6-4-1 Temps and Sunday of the 1 John Waller Dan 7 made some for My - 10-13 CO - 2 100 March & Day March CA (3/1/6) 2 1/1/6) 4 9

Divising STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11/47	
PLACE OF DEATH a. COUNTY A. STATE TO STATE DEATH DEAT	sion)
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	-
RD Cardiff Whileford Cardiff	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDE ON A FA YES [] NO	RM?
3. NAME OF DECEASED (Type or print) Riley W. Rudd Last DATE Month Day Year DEATH Closer 27 196	0
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 Hours Ministry Months Days Hours Ministry Ministry	
WIDOWED DIVORCED 1-18-03 155 yrs.	
dona during most of working life, even if ratirad) Farm December, W. Va. V. S. A.	HRY
14. MOTHER'S MAIDEN NAME BOTTE	
75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (YOUR, or unknown) (If you give war or datas of service) 188-07-9123 Was Thursday Rull Callo W	D.
18. CAUSE OF DEATH [Enter only ona cause par line for (a), (b), and (c).] DARTH DEATH WAS CAUSED BY. ONSET AND DEATH	
IMMEDIATE CAUSE (a) CO Promis fracture spoul	
Conditions, if any, which (b)	
gave rise to immadiata cause	
(a), stating the underlying cause last, (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMELY IN PART 11 NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORME YES NO 20a. EXTERNAL CAUSE WAS PRIMARY ST or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	Local C
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or, town) (County) Hour 10-27, 60 at work at w	9)
	/-
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion	on
death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner	
ACTUAL SIGNATURE LEWELL C FORM M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED	,
EXAMINER'S GETALD C Palmer M) DEPUTY MEDICAL EXAMINER (Street, city, town, or county)	-6t
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State)	
22. FUNERAL DIRECTOR Harbins, Della, Pa. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OCT 3 1 '60 Carling & Kraus	
A TOTAL DOT OF CONTROL AND A TOTAL DOT OF THE CONTROL AND A TO	=

MEDICAL CERTIFICATION

TO DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any so necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furiaral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any everywithin 72 hours after death. VS. A15ME 5M 7/59

FOR STATE-HEALTH DEPT Item 18 Film 278 10-17 MARYLAND STATE DEPARTMENT OF HEALTH

funeral 67 filled campl physician attending þ signed physician has been certificate DIRECTOR: FUNERAL 0 VR A15 (4)

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
FOR STATE	11471 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1	1449
HEALIH DEPI.	1. PLACE OF DEATH e. COUNTY # afford MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution: Reside a. STATE A b. COUNTY House	nce before admission
irector. Pag your files.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give makes town) Darlington C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give Darlington)	nearest town)
ay inverse di ned for th.	thanny chul Road Farm Ed Wheler	e. IS RESIDENCE ON A FARM? YES NO
h. If an to the h. be retail to the h. be retail the State dead for dead	3. NAME OF DECEASED (Type or print) David BOWMAN Smith DEATH DEATH DEATH STATE OF DEATH OF DE	1960
fer deat 3, and 3 5 may d 2 with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED DIVORCED MAY 8, 1946 9. AGE (In yeers IF UNDER 1 YEAR Months Deys May 8, 1946 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN 0	Hours Min.
nours af ages 1, 2 1. Page les 1 an hin 72	done during most of working life, even if retired)	S.A.
hin 24 I Give Pa rm PM3 File pag ent wit	Nathan D. Smith Ruth Bowman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
em 18. with fo	(Yes, no, or unkown) (Ifyesgivewerordatesofservica) N.D. Smirth, Darlington, Md.	ITERVAL SETWEEN
along along and in	PART I. DEATH WAS CAUSED BY: 65 W Corebrum	NSET AND DEATH
in per Office Durial/ movai	Conditions, if any, which (b) (b)	
ficate st ending miner's ed as a	(a), stating the undarlying DUE TO (c)	
word "p cal Exa d be us emation	CATIO	19. WAS AUTOPSY PERFORMED?
NER: T ng the ef Med 3 shoul urial, cr	activity of the amount	161-13
ix AMI the Chi ibr to b	3 Hour 8.m. 105 100 While Not While af work af work office bldg., alc.) Darlington Hay	ore ey
CAL Heartificated to ded to ECTO!	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	d in my opinion
MEDINE the forwar forwar ated ag	ACTUAL Perald C Palmer	DATE SIGNED
DEP 7	EXAMINER'S Ge, 31d CP3 (m c) 4 DEPUTY MEDICAL EXAMINER Address (Street, city, fown, or country) 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country)	(Stata)
TO DEP please 4 shoul TO FUN or its d	REMOVAL (Specify) Burial 10/8/60 Smith Chapel Cemetery, R.D. 2. Aberdee	en. Md.
VS. A15ME 5M 7/59	23. EUNERAL DIRECTOR Tarring Rune val. Home 246. REC'D 89 REGISTRAR 246. REGISTRAR'S SIGNAL FORM Jagaring Aberdeen, Md. DATE OCT 1 3'60 C 12-1 8. Km	
	John G. Tarring	

steers and control of the state of the state of e e The same of the sa AND CONTRACTOR OF THE PARTY OF 1973 February States Alternation of Company (C.T. 2) AM - Magnetic Marketine (C.T. 2) AM - Marketine (C.T. 2) AM -Daniel California Company of the Com Colors Toller Toller

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	1	14011
Reg.	Dist.	No

	MAR	YLAND ST	ATE DEPARTM	ENT OF HEA	LTH-BAI	TIMORE, 1	18		
	11440	CER	TIFICAT	E OF I	DEAT			145	0
1. PLACE O				La uguar	DECIDENCE	(HOME) OF D	eg. Dist.	No	••••••
	11 1				A A I		11 2		
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TOWN	BL) AIR		(in this place)		Be)	Air		39	
HOSPITAL INSTITUTION STREET ADE	N OR			STREET ADDRESS	1091	I. Main	o location) St.	1	
3. NAME O DECEAS (Type or Pri	ED LAURA		Middle) 3EZLE	TARRII		4. DATE (Mo: OF DEATH	nth)	(Dey)	(Yeer)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRI WIDOWED, DIV (Specify)	CRUPP	E OF BIRTH N-212-188		AGE lest birthdey	IF UNDER 1		JNDER 24 H
10e. USUAL OC done during retired)	CUPATION (Give kind of warmost of working fife, ever	ork 10b. KIN	D OF BUSINESS INDUSTRY	II. BIRTHPLACE (S Temple 17	state or foreign co	ountry)	12.	CITIZEN O	F WHAT
13. FATHER'S		. 0			S MAIDEN NAM	1	101		
	WNathan	12/ BOO	Wey	EJJ	a Day	115			
15. WAS DECE			SOCIAL SECURITY NO.	MRS	MANT & ADDR	FHIRRISC	V URM A	3.	34/1
land ou	CONDITIONS DIRECTLY LI	EADING TO DEATH	ARDIO-RI		ILURE			ONSET A	AND DEATH
DISEASES OF	CONDITIONS IS ANY	UE TO M	ETA STAT.	C CAR	CINOI	MA		4.	Mo
STATING UNDE	KETING CAUSE EAST.	(-)	RCONOMA	of cl	DLON			4+	Mo .
TO THE DEAT	FICANT CONDITIONS CONT H BUT NOT RELATED TO THE CONDITION CAUSING DEAT	IE							
19e, DATE OF		MAJOR FINDINGS	OF OPERATION						UTOPSY?
21a. ACCIDENT OR CONTRIBUTION	WAS UNDERLYING	21b. PLACE (Home OF INJURY street, o	fice bldg., etc.)	21c. WHERE DID INJ	URY OCCUR? (City or town)	(County	YES [(Stete)
		(eer) (Hour) 21e. Whil M. et we		21f. HOW DID INJ	URY OCCUR?		31.2		
alive or	2 DET 19	ended the decea	sed fromthat death occurred	, 19 5 5, at 2:25 P.M., fr	rom the cause	s and on the	date stated	above.	ne deceas
SIGNATO	H/Hall	etll	M.D.	401 Than	reklin	A Bi	Min	her 1	0016
BURIAL, CI	SPECIFY) DATE	THEREOF + 11/10	NAME OF CEMETERY		I I C	CATION (City, tow	n, or county)	11	(Stete)
24. REC'D BY		TRAR'S SIGNATURE	MANAIKA	25. FUNERAL D	DIRECTOR'S SIGN	ATURE	R /	DDRESS	
DATE OCT	4 '60 0	Charl S. Kraus		bsept	Tos	ter 1	318 C	11/1	sul

MARYLAND STATE DEPARTMENT OF BEALTH-SARYLINGRE, IS OTABU BO STADENTH 111211

11-1 MARYLAND STATE DEPARTMENT OF HEALTH

IItem 20 Film 274

TARILLE BEATER OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11472 CERTIFICATE OF DEATH Rea. Dist. No director, filed Wh PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND **funeral** b. CITY OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) by the fune 1 2 should b d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES M' NO M puo NAME OF First Middle 4. DATE Month Day Year filled DECEASED (Type or print) DEATH Pages 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min. WIDOWED | DIVORCED [papers. yrs 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 0 гетоуе hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Address attending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO á Conditions, if any, which been signed gove rise to immediate DUE TO couse (o), stating the underond lying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while p. m. ot work of work 1960 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 9:30PM, from the causes and an the date stated above. alive an_ ADDRESS (Street, city or town, stote) ACTUAL prior DIREC 2 3 should PHYSICIAN'S MAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 8 Thomas OPT 1 0 '60

VS A15 (4) 15M 9/5S

death.

fter death: Page 4"

TO HOSPITA I ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h. fter death: Page 4 may be returned by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detected for use or the herical transit permit. Then also contains and campletely filled in by the funeral director.

VS A15 (4 15M 10/5.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11473 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY HArto o. COUNTY MARYLAND MAryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 . CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 4 months Rural BEL Air Rural BEL ART d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION White House Road ON A FARM White House KOAd YES NO NAME OF Middle 4. DATE Day Year DECEASED WEISHEI CANE (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 1866 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys DIVORCED T WIDOWED X 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWORK U.S.A. HOUSEWIFE MAYULAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matilda PATTERSON MOSES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rb # 2 Mrs. HENRY WEISHEIT BEI AFF, MARYLAND NO 1B. CAUSE OF DEATH [Enter only one cause pey line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m.

20d. INJURY OCCURRED While Not while of work of work 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) foctory, street, office bldg., etc.)

(County) (Stote)

YES NO

(Stote)

21. I certify that I attended the deceased fram . 19 6 6 that I last saw the deceased ____, and that death accurred at 1/3012 M, from the causes and an the date stated above.

ADDRESS (Street, city or town, stote)

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) Oct. 27.1960 Buria

22c. NAME OF CEMETERY OR CREMATORY Trivity Episcopal Cemeter 22d. LOCATION (City, town, or county) Churchville, Harford Co., Maryland

23. FUNERAL DIRECTOR'S SIGNATURE W. Brondway Twell Paras St.

24g, REC'D BY REGISTRAR DATE OCT 2 8 '60

24b. REGISTRAR'S SIGNATURE Chilbury S. Kroug

